Corporati on Skilled No Yes 96

County: Dane MANORCARE HEALTH SERVICES 801 BRAXTON STREET MADISON 53715 Phone: (608) 251-1010
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 103
Total Licensed Bed Capacity (12/31/00): 169
Number of Residents on 12/31/00: 100 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census:

************	****	*********	******	*******	******	*******	******
Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)) %				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No No	Primary Diagnosis Developmental Disabilities	% 0. 0	Age Groups Under 65		Less Than 1 Year 1 - 4 Years More Than 4 Years	45. 0 45. 0 10. 0
Day Services	No	Mental Illness (0rg./Psy)	48. 0	65 - 74	16. 0	More man 4 lears	
Respite Care	Yes	Mental Illness (Other)	1.0	75 - 84	30. 0		100. 0
Adult Day Care Adult Day Health Care	No No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	1. 0 1. 0	85 - 94 95 & 0ver	28. 0 9. 0	Full-Time Equivale	********** •nt
Congregate Meals	No	Cancer	1.0	00 & 0101		Nursing Staff per 100 F	Resi dents
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	$ \begin{array}{c} 5.0 \\ 12.0 \end{array} $	65 & 0ver	100. 0 83. 0	(12/31/00)	
Transportation	No	Cerebrovascul ar	7. 0	03 & 0ver	63. U	RNs	10. 4
Referral Service	No	Di abetes	2.0	Sex	%	LPNs	10. 9
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	4. 0 18. 0	 Male	23. 0	Nursing Assistants Aides & Orderlies	28. 1
Mentally Ill	No	other medical conditions	16. 0	Female	77. 0	Ardes & Orderries	20. 1
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Pri vat			ri vate	Pay		Manage	ed Care	Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	U	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	13	100.0	\$244.43	71	100. 0	\$99. 61	0	0.0	\$0.00	14	100.0	\$153. 10	2	100.0	\$287. 23	100	100.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	13	100.0		71	100. 0		0	0.0		14	100.0		2	100.0		100	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Independent Private Home/No Home Health 3.4 Daily Living (ADL) One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 3.0 **56.** 0 41.0 100 Other Nursing Homes 3.9 Dressi ng 10.0 74.0 16. 0 100 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring **25.0 50.** 0 100 89.7 **25.0** 18.0 53.0 29.0 100 1.0 Toilet Use 0.0 43.0 10.0 100 ***** Other Locations 2.0 Total Number of Admissions 203 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 11.0 4. 0 Occ/Freq. Incontinent of Bladder Occ/Freq. Incontinent of Bowel Private Home/No Home Health 18.9 35.0 1.0 Private Home/With Home Health 26. 3 33. 0 1.0 Other Nursing Homes 6. 3 1.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets Mobility 31.6 6.0 Physically Restrained 0.0 13.0 5.0 0.0 Other Locations 3. 7 Skin Care Other Resident Characteristics 2. 0 Deaths 13. 2 With Pressure Sores Have Advance Directives 78.0 Total Number of Discharges With Rashes Medications 5.0 190 Receiving Psychoactive Drugs (Including Deaths) 60.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	This Proprietary		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	56. 8	82. 5	0. 69	83. 6	0. 68	84. 1	0. 68	84. 5	0. 67
Current Residents from In-County	97. 0	83. 3	1. 16	86. 1	1. 13	83. 5	1. 16	77. 5	1. 25
Admissions from In-County, Still Residing	20. 7	19. 9	1. 04	22. 5	0. 92	22. 9	0. 90	21. 5	0. 96
Admi ssi ons/Average Daily Census	211. 5	170. 1	1. 24	144. 6	1.46	134. 3	1. 57	124. 3	1. 70
Discharges/Average Daily Census	197. 9	170. 7	1. 16	146. 1	1. 35	135. 6	1.46	126. 1	1. 57
Discharges To Private Residence/Average Daily Census	89. 6	70.8	1. 27	56 . 1	1. 60	53. 6	1. 67	49. 9	1.80
Residents Receiving Skilled Care	100	91. 2	1. 10	91. 5	1.09	90. 1	1. 11	83. 3	1. 20
Residents Aged 65 and Older	83. 0	93. 7	0.89	92. 9	0.89	92. 7	0. 90	87. 7	0. 95
Title 19 (Medicaid) Funded Residents	71.0	62. 6	1. 13	63. 9	1. 11	63. 5	1. 12	69. 0	1.03
Private Pay Funded Residents	14. 0	24. 4	0. 57	24. 5	0. 57	27. 0	0. 52	22. 6	0. 62
Developmentally Disabled Residents	0. 0	0.8	0.00	0.8	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	49. 0	30. 6	1.60	36. 0	1. 36	37. 3	1. 31	33. 3	1.47
General Medical Service Residents	18. 0	19. 9	0. 90	21. 1	0. 85	19. 2	0. 94	18. 4	0. 98
Impaired ADL (Mean)	52. 0	48. 6	1.07	50. 5	1. 03	49. 7	1.05	49. 4	1.05
Psychological Problems	60. 0	47. 2	1. 27	49. 4	1. 22	50. 7	1. 18	50. 1	1. 20
Nursing Care Required (Mean)	3. 1	6. 2	0. 51	6. 2	0. 51	6. 4	0. 49	7. 2	0.44